

**2011 WINTER WONDERLAND CAMP****For Boys and Girls currently in Kindergarten through 5th Grades**

Make this holiday season special by registering your child (or children) for one or both sessions of our fun-filled camp. Each day is filled with fun and friends. Arts and crafts, games, drama, music and cooking are just part of the excitement.

**WINTER WONDERLAND CAMP SESSION 1 - #10475:**

Monday to Friday, December 19-23, 2011

9:00 a.m. to 3:00 p.m.

Harrison Center/Lincoln Park

1450 High Street - Santa Clara Ave & High St

Cost: \$125 per child

**EXTENDED CARE SESSION 1 - #10477**

7:30 a.m. to 9:00 a.m. and 3:00 p.m. to 5:30 p.m.

Monday to Friday, December 19-23, 2011

Harrison Center/Lincoln Park

Cost: \$45 per child



• Bring a bag lunch and wear warm play clothes and comfortable walking shoes. There may be some outdoor activities, weather permitting.

• All participants must be picked up on time otherwise there is a \$1 per minute charge for every minute you are late picking up your child, payable that day.

• Do not bring any electronic or sentimental items to camp as ARPD Staff is not responsible for lost and/or stolen items.

WINTER WONDERLAND CAMP SESSION 2 - #10476:

Tuesday to Friday, December 27-30, 2011

NO CAMP ON MONDAY, DECEMBER 26TH

9:00 a.m. to 3:00 p.m.

Harrison Center/Lincoln Park

1450 High Street - Santa Clara Ave & High St

Cost: \$100 per child

**EXTENDED CARE SESSION 2 - #10478**

7:30 a.m. to 9:00 a.m. and 3:00 p.m. to 5:30 p.m.

Tuesday to Friday, December 27-30, 2011

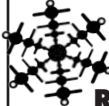
NO EXTENDED CARE ON MONDAY, DECEMBER 26TH

Harrison Center/Lincoln Park

Cost: \$36 per child

**PLEASE REGISTER EARLY! SPACE IS LIMITED**

There is a \$15 administrative fee for any cancellations or changes. Refunds will not be issued. You will receive a credit on your ARPD account to be used for any future ARPD class or program.



REGISTRATION DEADLINE:
THURSDAY, DECEMBER 8, 2011

REGISTER ONLINE AT: www.arpdeplay.com

Please complete and return form with payment (cash, check made payable to ARPD, MasterCard or VISA) no later than **THURSDAY, DECEMBER 8, 2011** to the Alameda Recreation and Park Department, 2226 Santa Clara Ave, Alameda 94501. FAX registrations accepted with VISA/MasterCard: (510) 523-4071. Register online at: www.arpdeplay.com **SAVE YOUR RECEIPTS! THERE IS A \$5 SERVICE CHARGE PER RECEIPT TO REPRINT RECEIPTS.** ARPD reserves the right to cancel programs due to low enrollment. Alternate programs may not be available.

I give my child permission to participate in the WINTER WONDERLAND CAMP sponsored by ARPD at Harrison Center (Lincoln Park) on:

Please check
all that apply:

☐ #10475 - WINTER CAMP I - Mon-Fri, December 19-23 - \$125

☐ #10477 - EXT CARE I - Mon-Fri, December 20-23 - \$45

☐ #10476 - WINTER CAMP II - Tue-Fri, December 27-30 - \$100

☐ #10478 - EXT CARE II - Tue-Fri, December 27-30 - \$36

CHILD'S NAME: _____ BIRTHDATE: ____/____/____ AGE: _____ GRADE: _____ ☐ BOY ☐ GIRL

ADDRESS: _____ CITY: _____ ZIP: _____ HOME PHONE: (____) _____

Please note: Registrations for children requiring special attention are reviewed on a case-by-case basis with the Program Supervisor. Be sure to provide as much detail as possible, including any physical or emotional needs or medications involved. Recreation Department Staff do not receive specialized training for various special needs, but will work with individuals as appropriate to provide a positive experience.

ALLERGIES, MEDICAL PROBLEMS: _____

CURRENT MEDICATIONS: _____

MEDICAL RELEASE: I do hereby give permission for any certified emergency professional or health care professional to administer any type of medical treatment he/she deems necessary to the above child in case of an emergency and in the event that I cannot be contacted.

DOCTOR'S NAME _____ PHONE (____) _____

NAME OF INSURANCE _____ GROUP OR POLICY NUMBER _____

PERSONS AUTHORIZED TO PICK-UP CHILD FROM PROGRAM: _____

MOM/GUARDIAN NAME _____ ADDRESS (if different) _____

HOME PHONE (if different) (____) _____ WORK PHONE (____) _____ CELL PHONE (____) _____

DAD/GUARDIAN NAME _____ ADDRESS (if different) _____

HOME PHONE (if different) (____) _____ WORK PHONE (____) _____ CELL PHONE (____) _____

IN CASE OF EMERGENCY AND I CANNOT BE REACHED, PLEASE CONTACT: (I understand it is my responsibility to provide current contact information)

NAME: _____ RELATIONSHIP: _____ HOME PHONE: _____ CELL/WORK: _____

1. THE UNDERSIGNED HEREBY RELEASES, WAIVES AND DISCHARGES THE CITY OF ALAMEDA, its directors, officers, employees, agents, and independent contractors from all liability to the undersigned and/or his/her personal representatives, assignees, heirs, and next of kin for any loss or damage and any claim or demands accruing or resulting from injury to the person or property or death of the undersigned, whether or not caused by the negligence and/or property of the City of Alameda, its directors, officers, employees, agents, and independent contractors.

2. THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE, whether or not it is due to the negligence of the City of Alameda, its directors, officers, employees, agents, and independent contractors or otherwise while in, upon or about the premises of the City of Alameda and/or while using the premises or facilities or equipment thereon.

3. THE UNDERSIGNED HEREBY PERMITS the taking of photographs of themselves and/or the participant by the City of Alameda during recreation classes or activities to be used at the City's discretion.

THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, and further agrees that no oral representations, statements or inducement apart from the foregoing written agreement has been made.

PARENT/GUARDIAN SIGNATURE _____

DATE _____

PAYMENT ENCLOSED: CASH _____ CHK# _____ MC/VISA _____

EXP DATE _____